(Breakthrough, March 1986)

USE OF MONROE INSTITUTE TAPES BY HOSPICE OF CHATTANOOGA PATIENTS

submitted on behalf of team members by Ruth Domin, MHR

In February of 1986, Hospice of Chattanooga began to investigate the potential of the Monroe auditory system with selected patients. Hospice of Chattanooga is a non-profit agency which provides specialized home care of patients in the last stages of life-threatening illnesses. Nurses, other health professionals, and a corps of trained volunteer patient/family support practitioners address problems of pain, fear, anxiety, and loneliness in order for the end of life to be experienced as a natural event within the warm environment of the family.

Purpose

To alleviate pain and erase its memory; to relieve any personal or interpersonal stress associated with life-threatening illness, death or dying; to free the spiritual elements of the physical forces of the body; to bring peace, comfort and harmony to patients and their families.

Procedure

Offer the option of using a Monroe Institute Hemi-Sync® tape to selected hospice patients and their families. Nurses and patient/family support practitioners who monitor the patient also use the tapes. Nurses monitor patient vital signs before, during and after listening to a tape for the first time (continue monitoring once a week, or as appropriate). Leave a notebook with the patient and family for keeping a brief record by the nurse, patient/family support practitioner and patient (or caregiver). The record includes vital signs and patient responses during the tape and afterwards. Notes on physical, attitude or behavioral changes may be added after the tape is used.

Methods

The staff nurse who leads the hospice team explains to the patient and primary caregiver the availability of a special tape that could benefit the patient. When permission to use the tape is secured from the patient and caregiver, three members of the team visit the home together: nurse, patient/family support practitioner, and director of volunteers and education.

A brief description of the Hemi-Sync process is given. Various uses of Monroe tapes, and the possible value of a tape in meeting specific needs of the patient are explained.

After answering any questions the patient or family may have, the nurse checks the patient's vital signs and leaves the blood pressure cuff on the patient's arm, explaining that she will

check the patient again during the tape. The nurses have good rapport with the patients, as do the support practitioners, and the added attention from the team has been welcomed by the patients.

We bought some small notebooks and pasted some simple instructions on the inside of the front cover. When the wife of one patient said she would observe him while he listened to the tape, we gave her a list of observations we hoped would be useful in assessing the effectiveness of the tape.

We leave the notebooks with the patients and primary caregivers with instructions to keep brief records of each use of the tape.

Case Studies

[Note: The full report submitted 4 case studies. For purposes of space, we only include one of those case studies in this newsletter.]

PATIENT #1: J.M.

J.M.: Hale, 65, bedridden, in the last stage of colon cancer, never married, surrogate father and head of family made up of mother, sister, nephews, nieces, and great nieces.

Primary Caregiver: Sister

Date: February 6, 1986

Tape: *Deep 10 Relaxation*

Goal: To help patient achieve a state of peacefulness and attain his desires.

Vital Signs:

12/19/85 (date admitted)	BP	140/70				
(following day)	BP	100/70				
Until 2/6/86	BP	110/70				
2/6/86 before tape	BP	110/80	P	100	R	30
After 20 minutes	BP	---------	P	90	R	28
After tape	BP	120/80	P	98	R	30

Description

The patient was admitted 12/19/85, hemorrhaged the following day, and no support practitioner was assigned, as death was expected. However, the patient rallied and a support practitioner saw the patient and family before Christmas.

The patient, an avowed agnostic, who believed this physical world is the only one there is, was a gentle man (most of the time), dearly loved by his family, all of whom belonged to a fundamentalist church. As a member of a lower income family, his interests also differed in other ways. He had an extensive classical music collection of records and tapes which he listened to and valued greatly. His walls were lined with books—good literature.

The hospice nurse and support practitioner suspected that his concern over his family kept him from dying. He often gestured to indicate he wanted a knife to end it all. The nurse said she understood and would bring him a tape to help him relax and cope with his feelings. The *Deep 10 Relaxation* tape was chosen because it is non-controversial from the standpoint of his beliefs (he flared at the mention of any existence other than this one), and because the tape not only relaxes the listener but enhances an awareness of energy. Would the patient relax and go with the energy? We wondered.

The patient lay under a blanket with an unshaded light bulb burning on the wall over his head. During the tape his breathing was deeper, more rhythmic, eyes were closed, jaw relaxed, mouth open. As this was our first patient to listen to a tape, we had not thought of checking his vital signs during the tape. The nurse decided to check his pulse and respiration, but did not disturb him to put the blood pressure cuff on while he was listening to the tape.

Once during the tape the patient hiccuped and opened his eyes, then sank back with face muscles very relaxed. When the tape was over, he frowned, face tense, and began to hiccup. The nurse reported his heart was more irregular than before—"bounding." His blood pressure was higher than it had been since before Christmas when he hemorrhaged. However, he said the tape relaxed him and he enjoyed it.

The nurse visited the patient the following day and reported that he was beginning to die. She suspected that the tape gave him the freedom to let go, that he had frowned after listening to the tape because he did not want to come back and was upset when he had to. The patient died three days later, February 10.

The sister of the patient was somewhat reluctant to permit use of the tape in the beginning. Later, at the funeral home, she sought out the nurse and talked about what happened: "After the tape, he changed. It did something to him. He let go. It let him turn loose and go on."

The nurse summarized use of the tape as "a positive experience for the patient and family."

Results

With this very brief and tenuous beginning, we have already learned much.

Darkened Room

The staff nurses say patients whose usual preference is for a darkened room when they sleep, often ask to have lights left on when they are near death. Our first patient wanted a light. His use of the tape did not seem to be affected by it. The other patients have relaxed in normal daylight conditions.

Telephone

Patients with primary caregivers in the home will probably not have to be concerned with the phone. Patients such as M.L. who live alone, cling to the phone as a life-line. Also, their friends and family would probably rush over to see what was wrong if the phone was not answered or rang busy for too long. Before taking the phone off the hook, these patients would need to let their family and friends know what they were doing. More experience is needed to determine the best procedure. The best way may be individual: whatever the patient says is best.

Use of Equipment

When a patient is unfamiliar with the equipment and lives alone, it may be best to take a cassette player and headset to the patient each time a tape is played. The 82-year-old widow who lives alone had difficulty operating the cassette player. This may have been part of her reason for deciding against use of a Monroe tape.

Primary Caregiver Present

When selecting candidates for use of the tapes, one consideration might be the presence of a primary caregiver in the home.

Primary Caregiver Use of Tape

The sister of J.M. was anxious about many things. We wondered if her anxiety might have been relieved, and if she might have been more willing for the patient to listen to the tape, if she had listened to it too. When appropriate with future families, the primary caregiver will be encouraged to use the patient's tape and to record the use, in sequence with the patient's record, in the patient's notebook.

Hospice Tape

Some patients are unable to sit up and cannot follow the instructions at the end of the *Deep 10 Relaxation* tape. We are noting possible changes or additions to the tape that might be helpful in developing a tape (or tapes) to meet the various needs of hospice patients.

Vital Signs

The sample is too small to determine the significance of vital signs or to have any idea whether a pattern will emerge as the nursing staff continues to record them. J.M.'s nurse was so surprised when his blood pressure was higher after listening to the tape than it had been at any time during the weeks following his hemorrhage, that she went back and checked the records.

(Note additional vital signs for patient #1).

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